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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiansa is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

EDITORIAL ADDRESS / REDACTION

Bibliotheca Medica Canadiansa
c/o Mrs. Bonita A. Stableford
Chief, Library Services
Health Protection Branch
Health and Welfare Canada
Sir Frederick G. Banting
Research Centre
Tunney's Pasture
OTTAWA, Ontario K1A 0L2

SUBSCRIPTION ADDRESS / ABONNEMENTS

CHLA
Box 983
Station B
OTTAWA, Ontario
K1A 5R1

Bibliotheca Medica Canadiansa veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui œuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

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CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

Since this issue of the BMC marks the departure of Bonnie Stableford after three years on the Editorial Team it seems fitting for the Assistant Editor to lament this event in the public forum and to acknowledge the immense contribution that Bonnie has made to BMC's development. Her act will be hard to follow and one will be grateful to have Tom Flemming of McMaster University to share the burden.

All in all this has been a summer of frenetic activity, challenges and change. The preparation of this issue of the BMC took place amid a move; the new address for the O.M.A., and thus the BMC's future editorial address for Vol. 7, No. 2 through Vol. 8, No. 1, is given on page 41. Nonetheless time was found to attend both the MLA Annual Conference in New York and the CHLA Annual Meeting in Calgary.

Vastly different in scale and setting, each conference managed, paradoxically, to serve both as a complement and a counterpoint to the other, a theme elaborated upon in the Word from the President on the page following. Praise for the MLA Conference will be left to BMLA; suffice it to say here that the organizing committee of the Calgary meeting did a splendid job. The results of some of their efforts are published in this issue; other papers will appear in Vol. 7, No. 2. For those CHLA members who were unable to go to Calgary it is hoped that these papers will convey some of the flavour of an exciting, challenging meeting. Future issues of BMC will attempt, with your input, to explore further some of those challenges.

Bonita Stableford
Editor

Jan Greenwood
Assistant Editor



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A WORD FROM THE PRESIDENT**Diana Kent**

In a period of two and one-half weeks, between May 26 and June 12 of this year, I had the privilege of attending two health libraries conferences. The first was the Medical Library Association 85th Annual Meeting in New York City and the second was the Canadian Health Libraries Association/Association des Bibliotheques de la Sante du Canada 9th Annual Meeting in Calgary.

What were the main differences and similarities between them?

Numerically, the differences were obvious.

While this was MLA's 85th Annual Meeting; it was only CHLA's 9th.

MLA conference registration was approximately 1,850; CHLA's was 100.

MLA conference days numbered seven; CHLA conference days totalled four.

MLA often had papers scheduled in two to six concurrent sessions; on the other hand CHU quite sensibly had only one speaker scheduled at a time.

The similarities are to be found in the content of the programs.

The theme of MLA's meeting was "New Venture, New Roles...". CHLA's theme was "Health Information Providers: their Role by 1995". Both conferences provided information on various aspects of the management of medical libraries using the new technologies, the present and future challenges to medical libraries, the librarian's role in medical education and continuing medical education, survival techniques and adaptation to changes, users' attitudes toward library services, electronic publishing, video disc technology, networks and networking, computer assisted learning, online end-user services and aids to physicians' decision making.

In other words, many of the same issues and trends were addressed.

Although CHLA numbers are smaller and it has been in existence for a shorter time, we are definitely not lagging behind our MLA counterparts in an awareness of the major issues. The 1985 Calgary meeting, the 1984 Toronto meeting and those in preceding years demonstrate that we are ably coping with the challenges facing health sciences libraries in the information age.

UN MOT DE LA PRESIDENTE

Diana Kent

Pendant une période de deux semaines et demie, entre le 26 mai et le 12 juin de cette année, j'ai eu le plaisir de participer à deux conférences de bibliothèques de la santé. La première était la 85e assemblée annuelle de la Medical Library Association à New York. La deuxième était la 9e assemblée annuelle de l'Association des bibliothèques de la santé du Canada (Canadian Health Libraries Association) tenue à Calgary.

Quels ont été les principaux points de divergence et de similitude?

Du point de vue chiffres, les différences étaient évidentes. Dans le cas de la MLA, il s'agissait de la 85e assemblée annuelle; dans celui de l'ABSC, la 9e seulement. Il y avait environ 1850 participants à New York, un centaine à Calgary. La conférence de la MLA a duré sept jours, celle de l'ABSC quatre. Il y avait souvent, à New York, de deux à six exposés simultanés, tandis que l'ABSC avait sagement prévu un seul conférencier à la fois.

C'est du côté du programme qu'on trouve des ressemblances. Le thème à New York était "Entreprises nouvelles, rôles nouveaux". Le thème de l'ABSC était "Les fournisseurs d'information en santé: leur rôle d'ici 1995". Les deux conférences ont abordé divers aspects de la gestion des bibliothèques médicales à l'aide de la nouvelle technologie, ainsi que les défis actuels et futurs des bibliothèques médicales, le rôle des bibliothécaires en formation médicale permanente et autre, les méthodes d'adaptation aux changements, l'attitude des utilisateurs en matière de services de bibliothèque, l'édition électronique, la technologie des vidéodisques, les réseaux et leur mise sur pied, l'enseignement assisté par ordinateur, les services en direct pour utilisateurs finals et les outils de prise de décision pour les médecins. Autrement dit, les questions d'intérêt commun étaient multiples.

Même si l'ABSC est moins nombreuse et plus jeune, nous ne traînons pas du tout derrière nos homologues de la MLA en matière de sensibilisation aux questions d'importance. La rencontre de 1985 à Calgary et celles de Toronto et des années précédentes montrent bien que nous savons relever le défi que l'ère de l'information a lancé aux bibliothèques des sciences de la santé.

REPORT OF THE CHLA REPRESENTATIVE/LIAISON TO THE MEDICAL LIBRARY ASSOCIATION

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Diana Kent

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I am pleased to report that 1984/85 has been a successful year for communication between the two associations.

In July 1984, the question was raised with MLA as to whether the Bilateral Agreement should be modified so that the registration fee of the two representatives at each association's annual meeting should be waived regardless of the membership status of these representatives in the other association. On February 1, 1985, the MLA Board of Directors amended the 1979 Bilateral Agreement (Section 4 - Official Delegates - Second Paragraph) as follows:

In accordance with the actions of the CHLA/ABSC Board of Directors at its February 1984 meeting, and the MLA Board of Directors at its December 1984 meeting, registration fees at annual meetings will be waived for delegates of both organizations, irrespective of membership status.

Representatives at each annual meeting are asked to attach a letter to the registration indicating their special status in order to receive the fee waiver.

As the amount of the registration fees and the activities included were not specifically identified in the amendment, MLA was again queried and a subsequent letter from Mr. Ray A. Palmer, Executive Director of MLA, stated that "the all-inclusive conference fees will be waived for the CHLA/ABSC liaison".

In a follow-up conversation at the MLA Annual Meeting in New York on May 26, Ray Palmer agreed that the all-inclusive fee would be waived for all future annual meetings.

Dr. M. Kent Mayfield, MLA Director of Education, met with Margaret Taylor, David Crawford and Diana Kent on Monday, May 27 at the MLA Annual Meeting in New York. The current state of CHLA/ABSC sponsored continuing education courses and automatic MLA accreditation of these courses was discussed to attempt to clarify correspondence between Dr. Mayfield and CHLA members. The question has been resolved satisfactorily, so that CHLA/ABSC will know how to proceed in the future to acquire MLA accreditation for CHLA/ABSC sponsored CE courses.

As the CHLA liaison to MLA Diana Kent attended the 1985 Medical Library Association Annual Meeting in New York from May 26 to May 30. Gerald J. Oppenheimer, the MLA to CHLA liaison person was most helpful, and provided introductions to both past and new members of the Board of Directors, as well as to many other MLA members. Gerry also attended a Canadian members dinner on Tuesday evening, May 28. The liaison representative observed a meeting of the International Cooperation Committee.

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The following comprises the full text of Nina Matheson's stimulating keynote address at the CHLA/ABSC 9th Annual Meeting.

CHANGING TIMES, CHANGING ROLES, CHANGING PLACES

Nina Matheson

Director and Associate Professor
of Medical Information
Johns Hopkins University

Thank you for inviting me to Calgary to talk about the prospects for our profession. I have titled this talk, "Changing Times, Changing Roles, Changing Places." Six months ago Bill Maes defined the scope of this talk in this way:

"...focus on the implications for health information providers, on the different scenarios outlined in the 1982 AAMC report. How will, for example, the roles of medical centre library personnel, as well as personnel of smaller hospital libraries, change as a result of the introduction of the new technology? If they are still to serve as information managers and intermediaries, how will they manage and mediate? Will new special skills be required? Will their positions be replaced by a new breed of information specialists?"

This morning I am going to try to address some of the issues raised in Bill's questions. I am not going to talk about the AAMC report directly. The answers to his question about what we will be doing ten years from now won't be found in that report, but in the answers to two other questions: "Who are you?" and "What are you doing now?" Who is introducing the new technology in your medical centre or hospital? Is it you? Are you a party to it? If it is you, then you are an information manager and the answer to the question is that you already know what to expect and why. If you are not actively introducing the new technologies into your organization, not just into the library, can you then be accurately described as an information manager? If you are not an information manager, then are you perhaps a library manager? Or a librarian, that is, an intermediary, someone who purchases or consumes information, goods and services on behalf of others?

These questions are not meant to be demeaning or intimidating. We must all know who we are and be clear about our professional identity. I was struck by this question of professional identity the other day at a site visit in our institution. In describing the School of Hygiene and Public Health degree programs, the Dean pointed out that there's was somewhat different from other graduate programs. Their students enter with an established professional identity which they will retain and practice in the context of public health. As she put it, when their students look in the mirror in the morning to shave or put on make-up, they are looking at a behavioral scientist, or a biologist, historian, or physician who plans to have a career in the field of public health. In the School's admissions application there is a list of professions. You have to declare yourself. Your identity is a passport. One of the professional categories, to my surprise, is Information Systems Specialist.

How many of us look in the mirror in the morning and recognize a medical information systems specialist? Do we see a librarian, an intermediary? If so, are we likely to be replaced by the introduction of new technologies? I suspect the answer is, probably,

eventually. But, there will be libraries, in the sense of archival repositories, for some time to come...and there will be the time-honored role for the librarian or custodian...if not of books, then of data tapes and compact discs. The custodial role is important. Good libraries are recognizable as efficient, useful places, and good libraries are not run by amateurs. They never were and are unlikely ever to be. We can be proud of running good libraries.

But let's be clear about definitions. Libraries consist of information artifacts. To manage a library is not to manage information, only its artifacts. And if the scenarios in the 1982 AAMC Report are realized, the curatorial aspect of libraries will be only a small part of the work of professional information management.

Is a health information provider an information professional? Not necessarily. Manfred Kochen, a consistently interesting, insightful writer in our field, defines a profession as "the exercise of expertise on real problems for the purpose of making a living, characterized by know-how, know-what, know-whom, know-how much, know-why, and know-when."(1) That is very down-to-earth and practical, and true. By that definition all of us are surely library professionals. We all make a living by knowing the who-what-when-where-how-and-why answers to the library solutions to information problems.

In the same article, he goes on to say, "Acquiring and using knowledge about the effective use of knowledge for decision-making, planning, problem-solving, and coping is one of the major responsibilities of the information professionals/scientists in this decade. If that community can demonstrate its ability to meet this challenge, to discharge this responsibility at a high level, using good science, then the demand for its services will grow. So will its numbers and its impact." With this definition we have reached another level of the issue altogether. We are talking about knowledge, use and information management. The question now becomes whether librarians can or should become information professionals.

I take my role today to be a professional among professionals, or an expert among experts, comparing notes, experiences, and perceptions. We have a definition of a professional. What is an expert? One definition of an expert is that experts are people who avoid small errors while sweeping on to the grand fallacy.

Perhaps my grand illusion is that we, as librarians, have custody and responsibility for the use of information in society. That sounds grandiose, but I don't think it is. Libraries are politically and socially critical enterprises. James Thompson, in his article called, "The End of Libraries", makes this passionate declaration:

"Libraries have been the store house of knowledge and the repositories of man's achievements and discoveries, conserving and transmitting his culture, underpinning his education, featuring significantly in his economic welfare, and relating crucially to all other intellectual, artistic and creative activities. They have been the instruments of social and political change and, as the guardians for the freedom of thought, the bastions of man's liberty. Our true task, our true power is to make information accessible. To do that, libraries and librarians must embrace the pre-emptive technology, that is the information management technology of computers and telecommunications."(2)

For my money, embracing is nice, but not enough. If we are to attend to our true task, as Kochen put it, "of acquiring and using knowledge about the effective use of knowledge for decision-making, planning, problem-solving, and coping", we must pre-empt the pre-emptive technologies. What we do next Tuesday back at the office should make sense in that context or we should consider asking ourselves why we are doing it, and

decide on abandonment, substitution, or replacement. We must make those technologies our tools which we use to create a different library.

Along these lines, a number of my colleagues have said to me that they applaud the ideas and the concepts in the 1982 AAMC report. They admire the people who have risen to the challenge to develop a prototype of a system for integrating scholarly information systems with professional information support systems. But they are mighty glad they are about to retire. I sometimes wish I could take early retirement, myself. A form of the "fear of flying" is in all of us, to a degree...and probably most evident in those of my generation and training who have lived through the years with the professional identity of library professionals rather than information system professionals. These are changing times; there will be changing roles; and we are certain to see some changing of places.

"Acquiring and using knowledge", "using good science", to bring about effective use of knowledge for action: the key terms are "knowledge" and "action". We are living in an open system; conditions are constantly changing; the rules change; fixed boundaries are hard to locate. To illustrate this point, one management consultant likens this environment to a game he calls Chinese baseball. Chinese baseball, he explains, is almost exactly like the American version. It uses the same number of players, the same field, the same bases and balls, the same method of keeping score. The batter stands in the batter's box. The pitcher stands on the mound. He winds up, and as usual, zips the ball across the plate. All the same. There is only one difference. After the ball leaves the pitcher's hand, and as long as the ball is in the air, anyone can move any of the bases, anywhere. In the game of competitive actualities, in other words, all systems are open, everything is in flux.(3)

The health care system and the information delivery system are a competitive, increasingly commercial and industrialized, arena. Today, the boundaries between authors, publishers, vendors and libraries, between public and commercial interests, are in flux. There are several significant issues for which we must take individual responsibility and not leave to commercial and political interests if we are to get on with coping and doing better. We should support the development of library and information systems at national and international levels; we should take action to ensure a significant place for libraries in the information transfer chain, and we should force as many opportunities as we can for librarians as information managers. These are each large and complex topics, each with discrete boundaries, and yet nested within one another.

The first topic, library systems at national and international levels, is an extremely interesting one, especially here in Canada. The National Library of Canada has lead an extraordinary effort to plan, develop, and implement a nationwide Open Systems Interconnection (OSI) in Canada. This prototype for a nationwide, decentralized, voluntary network permits interconnection of incompatible computers and terminals to support interaction and communication among libraries, publishers and commercial database providers, and users. The potential for this network is extraordinary and very exciting.

The way is paved for "cooperative development of guidelines for the effective operation of a nationwide library and information network which provide for mutually acceptable division of responsibilities among network participants throughout Canada and within the government of Canada."(4) These responsibilities include the development and testing of new and evolving information management technologies. You here in Canada are to be envied, for essentially you appear to have a national mandate for libraries to explore, design, and assume different roles in the information transfer chain.

The information transfer chain at present begins with the user. Users become authors. The results go from publisher to distributors, to secondary source vendors, to libraries, and finally to users. Of course, behind the questions about the impact of technology lies the big question: "Will libraries be cut out of this chain?"

In his article, "The future of libraries in the information transfer train", Maurice Line explores an increasingly important issue for those of us working in the scientific and technical disciplines.(5) He asks, "What is the long-term prognosis for local libraries, once the transitional stage between print-on-paper and the electronic storage and supply of scientific and technical journal literature is over?" and access to information can be made available almost anywhere?

Mr. Line answers his own questions. The prognosis is guarded, if not poor, for traditional, small, special libraries:

"Libraries, which constitute the public sector at present, have several traditional functions: providing access to documents, providing bibliographic access and assistance, and providing a quick reference service. The last of these (quick reference service) will be the first to go in an electronic age, followed by the second (bibliographic access). The first, access to a document, will never disappear entirely in academic libraries but it may be gradually eroded and even disappear in special scientific and technical libraries, which in consequence may themselves disappear."

The traditional library functions have been intermediary ones...and these will be the first to go. I recall vividly a statement by a scientist in the early days when online bibliographic searching was being introduced. He told how he had hot-footed it down to the library as soon as he could, only to discover that the system required the use of a very unfamiliar command protocol. The worst thing was, however, as he put it, that he had to make friends with a young lady in order to get what he wanted. Intermediaries are not indispensable. By definition they are a third wheel.

The disappearance of some standard-issue, plain-vanilla hospital libraries may indeed occur before long. The harbinger appeared in a letter in the April 4, 1985 issue of the New England Journal of Medicine. It says, in part:

"We encountered a case in which an intraoperative search of the literature in a computerized database contributed to clinical decision making. The patient was a 52-year-old man who underwent a laparotomy for large intra-abdominal mass. The differential diagnosis, based on an extensive preoperative diagnostic evaluation, included diverticulitis, Crohn's colitis, an extramucosal colonic neoplasm, or a retroperitoneal neoplasm. During the course of the exploratory laparotomy, a large mass was encountered that encased the sigmoid colon and involved the sigmoid mesentery and root of the small-bowel mesentery up to the duodenum. A biopsy specimen was obtained, and on frozen-section evaluation it was diagnosed as sclerosing mesenteritis.

Since the surgeon was not conversant with the latest literature on this entity, he notified his partner of the frozen-section diagnosis while the operation was in progress. The latter immediately conducted a computerized search of the literature by means of Dialog communicating with MEDLINE. Within a matter of two minutes the ten articles in the database from 1980 to the present were reviewed.

The following information was gleaned from this search: (1) that resection need not be performed, (2) that the prognosis was variable, and (3) that treatment with corticosteroids or azathioprine was possible and could be effective. In the light

of this information and because the lesion was deemed to be unresectable, the operation was terminated.

This experience has demonstrated to us the importance of clinicians themselves being familiar with the use of computerized databases...This information is available at all hours of the day and can be obtained speedily. The assistance of a trained medical librarian is not necessary, nor is it likely to be immediately available at times when such information is required. Furthermore, access to computers and modems for the operating surgeon is important. We look forward to the day when this type of equipment is available in the operating suite."(6)

Now, before you rise as a body to kill the messenger, that is, me, let's consider the message. The message is that people want to be masters of their information needs. And they want to get information when they need it. (If you don't believe this intro-operative scenario, just think of those who didn't believe that frozen section evaluations were feasible.)

The day of the online intermediary is coming to a close. And I say that this is a good thing. But if your love is of online searching you may have to emigrate to a less technologically-developed country. If it isn't, your options are to change professions...or to change our profession.

Emigrating to a less technologically-developed country may not entail leaving the country. For example, on a recent consultation which took me into a well-known metropolitan area between Washington, D.C. and Boston, four out of six hospitals I visited, which are to become teaching hospital sites, do not offer MEDLINE search services. That is hard to believe when online searching was first introduced nearly 15 years ago.

Changing professions may be possible, but then you may find little gain, as those people learned who invested time and money in a law degree, to find the field impossibly crowded.

Our profession needs to change focus. Those of us in the library and information professions are in it because it offers personal fulfillment. As we all know, it doesn't offer much in the way of money or status, except to a handful of exceptional people.

Ours is a human services profession with social responsibilities of a high order. It may not seem so as we go about our nitty-gritty daily round of getting and spending. It may not seem so when we know that about half of all reference questions are directional and that only 2 percent call for professional training.(7) But our professional responsibility has to do with the most important societal resource we have: keeping knowledge available for use.

In these turbulent times, while the major players of the new age are sorting themselves out, if we lack anything, we lack a patron of knowledge. We need champions of knowledge as a public good and a public responsibility. If the commercial sector controls the production, the distribution and the long term access to knowledge, the problem of the survival of libraries is trivial compared to the problem of the integrity of the knowledge base of society. Publishers and vendors are in the business of profit and not in the business of maintaining a knowledge base for society, and may therefore make good business decisions that are socially undesirable. This is all the more reason to think that the National Library of Canada's OCI network is an important approach to the orderly management of what could be an unproductive public/private battle.

The problem is compounded by guerrillas in white hats: computer hackers. I don't know that many of us would normally make the association between librarians and hackers, but we apparently share a tradition and point of view. A popular commentator on computers and science fiction, writer, Jerry Pournelle, has pointed out that there is a "long tradition among hackers that information ought to be available to everyone whether they can afford it or not." This observation was occasioned by his attendance at a Hackers Reunion that took place at an abandoned Army base in California last November. Pournelle went on to say, "This may or may not be a good idea, but at that convention a bunch of supersmart computer people renewed their vows to do what they can to make information, if not free, then as cheap as possible. Revolutions are founded on such ideas."(8)

It is no secret that knowledge and quality information are extremely costly of resources to acquire, store, and retrieve, whether in the form of an individual person or a surrogate like a book or a library or a database system. It is a fact we have difficulty acknowledging, as a species. In a competitive, industrialized environment, what we do has to make a measurable difference and/or add value to what others do.

In order to do that, we must pre-empt the pre-emptive technologies. That means we must resist concentrating on our jobs and skills. Instead, concentrate on identifying the problems others have with acquiring and using knowledge effectively. There is no way around it if we intend to be an information profession. We must all know about computers and database management to a fairly high level of technical expertise.

We must think of our libraries as systems and parts of systems. We must recognize and act on opportunities for extending and gaining skills through problem-solving with a user.

So let's return to the surgeon and the searcher and my last point. We must create as many opportunities as we can for librarians as information system specialists. The medical librarian is out of a certain kind of job, but why not think pre-emptively? Think about that operating suite. It has a computer and a modem in it. Now what if the computer were equipped with voice recognition and voice response features? The surgeon doesn't have to call his partner, he can give the computer a voice command to search a database. The response comes because the librarian had the idea and worked with computer specialists to program the computer to elicit the search protocol from the surgeon and to initiate the search without the surgeon having to look up from what he/she is doing. The results are displayed on the monitor, also controlled by voice. The search output could be synthesized speech. Making such a scenario possible is our responsibility, it seem to me, not the surgeon's, or the pathologist's, or the technical computer specialist's. It is an information-retrieval problem.

On a more simple and immediate level, we at the Welch Library have begun to work closely with Dr. Victor McKusick, author of the well-known text, Mendelian Inheritance in Man. His textbook is a compendium of the literature on Mendelian inheritance organized by dominant and recessive phenotypes. Each phenotype is described by a summary of the relevant literature followed by the bibliographic citations. Dr. McKusick revises and augments his text on a weekly, sometimes daily basis. He wanted to find a way to allow his colleagues to gain access to the updated files between the publication of editions of the work.

We found his textbook to be in word-processing form, but not formatted for online retrieval. As we discussed the possibilities for mounting his files on one of the Welch Library computers under a standard software search and retrieval package, we thought of many ways that use of his text might be enhanced: through visual images, Mesh headings and sub-headings, and natural language queries. We also found that

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Dr. McKusick tried, but long ago discarded, the use of SDI approaches to selecting the relevant literature for inclusion. Fortunately, the Welch Library staff had the expertise to pre-empt the situation. We could see an opportunity to bring the whole information transfer train together into a system to support Dr. McKusick's work. We were able to work out a collaborative research proposal in which Dr. McKusick may realize his dream of a living textbook, always up-to-date; the Welch Library has an opportunity to develop an information transfer prototype between library and author; the NLM Information Technology Branch has an opportunity to develop an experimental software program with a clinically useful database collaborating with a group of clinicians.

I realize that, in Canada, all but one of the medical school libraries are parts of university library systems and unable to pursue independent library automation. One way of looking at the use of technology is to leave library automation to your university libraries. But acquire computers, powerful ones, to work with faculty on substantive, subject-oriented, bibliographic databases.

I suspect that we will see a greater differentiation in our profession over the next decade. Some of us will be information scientists in the sense of basic scientists; some will be information technologists, in the sense of engineers; some of us will be information executives or managers; probably most of us will be information industry workers and librarians.

Right now we are struggling with wanting to be something of all these things and the situation is fluid enough and most of you are young enough to have some hope of adaptive change. Increasingly, however, discipline specialists are becoming more numerous and our boundaries are perceptibly narrowing.

Medical informatics is one such emerging specialty. Johns Hopkins is one school offering advanced training for Information System Specialists in the field of public health. Canada is training Health Organizational Information specialists at the University of Victoria. These are individuals "who will contribute to improve the Canadian health care delivery system" and through "analytical and problem-solving skills...rigorously analyze and determine organizational information needs." (9) We must move rapidly to stake our claim.

I can hardly believe that anything I say here today is something each of you has not considered: considered and taken action on, considered and put off action for more propitious times, or considered and rejected. Each of us must plan our professional development and activities, and position our libraries and our department, in strategic ways, with as many options as possible, for as long as possible.

Opportunities are coming available. We are making progress. But we must want these responsibilities, and we must actively seek them, and we must make opportunities for others. We can change professions or we can change our profession. I believe it is important that we do the latter and that we work at it swiftly and joyfully because it is truly important. I wouldn't want to be in any other profession right now. I hope you feel the same way.

Thank you.

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CALL FOR PAPERS

In preparation for the next issue of **BMC** the editors would be grateful to receive news items or articles on the subject of **NETWORKS**. If any members are involved in or aware of health information networks that might be of interest to our readers please contact either Jan Greenwood or Tom Flemming. We do need your cooperation for **BMC**'s continuing success. The deadline for submission of copy is September 6, 1985.

Other theme topics under consideration for Vol. 7 are rehabilitation, end-user searching, literature of the allied health field and writing skills (for publication and internal reports). Please respond to these suggestions by voicing your interest, criticisms or ideas or by contributing papers; needless to say, there is no inopportune time from an editor's point of view to receive articles! Please keep them coming.

Review

THE MATHESON/COOPER REPORT IN THE CANADIAN CONTEXT

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Frances Groen

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Life Sciences Area Librarian
McGill University

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This morning, I want to look at the Matheson/Cooper Report in a Canadian context. Like medical librarians throughout the English speaking world (and I do not know whether the report has been made available to other national groups through translation) Canadian health sciences librarians are grappling with the future of medical libraries and the role of the medical librarian as envisioned by this Report. Nina [Matheson] has emphasized, in the report and in numerous presentations, that the report is not prescriptive: there are many ways of implementing the concepts of medical information management. So I want to emphasize that I consider this report to be a document of concepts, engaging the imagination of health sciences librarians in achieving new goals and taking new directions.

In shaping goals, the health sciences librarian must begin by carefully analysing the health care environment in which the library operates, and by integrating the library into that environment. For this reason, I shall begin by comparing the health care environment in Canada with that of the U.S.A. This is important, for if we are truly service oriented, as I believe we should be, we must respond to a unique cultural, social and political environment. I suggest to you this morning that there are three important differences in the health care systems of Canada and the United States which will mould the future of our libraries. These differences lie in:

1. the health care delivery system itself
2. the increasing commercialization of the health care system in the United States
3. the use of technology in the delivery of health care

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Let me elaborate a little upon each one:

1. The health care delivery system:

Government decisions, both federal and provincial from the 1950's to the 1970's, laid the foundation for the present health care system for which we provide information. During the post-war years the Canadian government system was becoming increasingly complex. The model of the two-tiered hierarchical system of government based on a federal-provincial hierarchy, a layer-cake, was being replaced by what Malcolm Taylor in his book Health Insurance and Canadian Public Policy has described as a "marble-cake" concept.

In 1947, the province of Saskatchewan began offering hospital and diagnostic services to all, regardless of ability to pay, and, subsequently, medical services as well. It took 24 years, but, by 1971, all Canadian residents were entitled to hospital and medical services, supported by taxes, equivalent to the broadest medicare coverage available under U.S. health insurance.

The delivery of health care nationwide depended upon a mutuality of legislation at both the provincial and federal levels. This complex process had one great unifying force - a commitment toward universality - a belief that every citizen is entitled to adequate health care. This perception of equity is a fundamental difference between the two countries.

Universality has an impact today upon our approach to managing medical information. If we believe in universality in health care, it follows naturally that we must also believe in universality of access to the knowledge-base which drives that health care.

This is not to say that Canadian health librarians have not become increasingly cost aware. The hospital librarians here today are more aware than I of the volume of work involved in the analysis of the hospital library as a cost centre. However, cost-awareness is not the same as cost-recovery. Currently, a debate is raging in the United States between private sector advocates who see information as a commodity to be bought and sold, and those who advocate open access to health information as a public good. Because of the commitment to Universality in health care in Canada, it is difficult for me to imagine that this conflict could reach the same intensity in Canada. In summary, then, the health care system itself is a strong promoter of access to health information through its foundation in universality.

Massive confusion now exists in the U.S. health care system. DRG's, charge-backs, third party payments, and over-billing have continued to reduce the efficiency of health insurance and the availability of health care. It is not that some of these issues, particularly overbilling, do not arise in Canada. It is simply that the concept of equity prevails.

2. Commercialization of the health care system

The second difference, the increasing commercialization of the health care system, is closely linked to the first. In Canada, doctors still talk to other doctors about medicine at conferences, and reserve their financial discussion for the cocktail hour. In the United States physicians' economic interests appear increasingly primary amongst members of the medical community. The development of a medical technology, funded largely by venture capital, promotes a symbiotic (and profitable) relationship between those who use on a massive scale these new technologies and those who advance them through funding and development.

3. Technology in the health care system

In both countries, the clinical laboratory has been totally transformed in the last decade. As net importers of the new technology paying in Canadian dollars, Canadian hospitals must pay more for these new devices, and for this reason must behave more prudently, or at least more economically, with respect to their installation.

Embracing new technological advances may be somewhat more cautious in Canada. In addition, Canadian hospitals, with their heavy accountability to their provincial governments, are not likely to be profitable sources of investments. The absence of large amounts of venture capital in the health care industry and the more guarded application of advances in medical technology may have some advantages to Canadians.

To summarize, these philosophical, economic and technical differences in our approach to health care have had an impact on our health libraries. The concept of access to health information for all who need to use it parallels the concept of equity in health care. The more cautious application of technological advances and the necessity

of importing much of our information technology has made our librarians more conservative in the application of technological advances.

II. WHAT DO WE SHARE IN COMMON

Turning from the impact of health care on health information management, I want to review those factors which health sciences libraries in Canada and the United States have in common:

1. For a start, we handle the same knowledge base. Between eighty to ninety percent of the publications on our shelves originate outside Canada, and we use the same methods to organize and gain access to that knowledge base.
2. Secondly, we share similar organizational models in the management of our libraries.
3. Thirdly, our medical schools are governed by the same accrediting process - the Licensure Committee on Medical Education or LCME of the Association of American Medical Colleges. When I recently completed the Library component of the self-study analysis for the forthcoming McGill accreditation, I noted that the library data collection instruments were identical for the two countries.
4. Fourth, the recent GPEC report, "Physicians for the Twenty-First Century" was written with input from a number of Canadian medical schools and medical societies. The recommendations in this Report will be taken equally seriously in Canadian medical schools.
5. Finally, medical researchers, whether Canadian or American, publish in the same journals. Canadian medical researchers publish their results in large measure in journals published outside Canada. They are concerned about the breadth of distribution of their research, and wish to guarantee its visibility in as large a community as possible.

I am sure that you are able to think of many more similarities but these will, I hope, emphasize the common cause which we share, in medical school libraries, with our American colleagues.

Why, then, should I have any reservations about the applicability of the Matheson/Cooper report for the management of medical information in the Canadian health sciences centre? What are the essential differences that characterize Canadian health sciences libraries?; here I am speaking principally of academic medical libraries. To answer this question, let me first review briefly some of the developments since the Matheson/Cooper study first appeared in the Journal of Medical Education, in October, 1982. In the three years since this report was published, parts of the American medical library community have moved rapidly to implement the principles involved in the Report, taking full advantage of the National Library of Medicine's IAIMS grants to develop integrated information management systems to support teaching, research and patient care. Critical requirements for participants in the IAIMS program include:

1. the presence of support and leadership to carry out the proposal
2. the involvement of key people at the institution
3. the focussing of all information issues at the institution
4. strategic thinking and planning

These are complex and difficult requirements, including the confluence of the library with patient records, automated databases, expert systems and computer assisted instruction. Five libraries at the Universities of Utah, Georgetown, Maryland, Columbia and Oregon have received grants under this NLM grant program as a direct result of recommendations in the Matheson/Cooper report.

It is not news to anyone in this audience that grants in support of such innovative and long-range planning for health information are not available through our government. But it is not the absence of government grants which is the most serious problem. The presence of these grants, stimulated by the Matheson/Cooper Report, has fostered an imaginative, forward-looking approach to medical libraries. A network of leaders is developing in medical libraries in the United States, leaders who are able to guide libraries into the 21st century and play a key role in medical information management.

In Canada, funding for academic medical library automation programs, like leadership, has been provided largely by the university, filtering through the university library system. Fourteen out of sixteen medical school librarians in Canada report through a university librarian. Under these circumstances, the medical library is not likely to control its own automation budget. Universities have, on the whole, been sensitive to the special needs of users of medical libraries and have considered their requirements in automation planning. However, resources are limited.

The need for leadership has an impact on both the management and educational roles of the medical library. Leadership is required to assure the availability of quality personnel. The educational programs of the medical library must help physicians and their students to use computer systems both to retrieve information from the literature and to manage patient data. Medical libraries have begun informally to educate faculty and students in the use of microcomputers, and there is some experimentation with education of ultimate users using such commercial systems as SCI/MATE and BRS Colleague. Librarians and users appear to be developing simultaneously their knowledge of such user-friendly systems. The Canada Institute of Scientific and Technical Information, like other foreign centres negotiating with the National Library of Medicine, has not yet provided a policy on the availability of copies of the MEDLINE files, but it is likely that this will happen in the foreseeable future. The availability locally of "MINI-MEDLINE" is likely to create administrative hurdles for Canadian medical librarians. Not only must they provide aggressive leadership in obtaining these files for their institutions, but they will also need to be familiar with the technology or involve others who are. These challenges have yet to be met.

To summarize, Canadian medical school libraries are likely to proceed at different rates in their progress towards the prototype information management library of the future. Available leadership, both individual and governmental, is limited and guaranteeing quality personnel is likely to be a major problem. The administrative organization of academic medical libraries, emphasizing the relationship to a university library system, is likely to effect priorities in medical libraries. It is predictable that Canadian academic medical libraries will move in the same direction as their American counterparts, but progress will be slower, and the curatorial role will continue to be emphasized for a longer period of time. It will take some time for us to forgo the management of artifacts for the management of information.

A slower development may bring some benefits. Moving more slowly, it is possible to learn from others, thus reducing the dollars spent on costly experimentation. The lack of central governmental leadership and coordination requires a more individualized institutional response, and the uniqueness of the individual library may receive greater emphasis. For this reason too computer technology is more likely to be viewed as a useful, powerful tool rather than an instrument of social change.

PHYSICIAN ADOPTION OF INNOVATION

Jocelyn M. Lockyer and John T. Parboosinhg

Office of Graduate Clinical and Continuing
Medical Education, Faculty of Medicine
The University of Calgary

The benefits to the patient of being the recipient of new advances in medical care are easily recognized. Major medical research funding agencies have made it a priority to reduce the time between scientific discoveries at the bench and adoption of these advances into clinical practice. Nonetheless, delays do occur. Stross' survey of physicians two years after the results of a study reporting the benefits of photocoagulation revealed that fewer than fifty percent were aware of this innovation or could correctly identify that photocoagulation was indicated in the management of the two patient problems cited in the questionnaire. (1)

Studies to trace the adoption of any innovation into clinical practice are clearly a first step in the process of accelerating the adoption of beneficial medical innovations. Four major studies (2,3,4,5) have been done to trace the adoption of an innovation into clinical practice. All of the studies support the basic five stage model of innovation adoption developed by Rogers (6) which has been found to be generally applicable to most disciplines. In the first stage of Rogers' model, KNOWLEDGE, the person becomes aware of the innovation and gains an idea of how it functions. This is followed by the PERSUASION stage which occurs when the person forms a favourable or unfavourable attitude towards the innovation. At the third stage, DECISION, the individual engages in activities that lead to a choice to adopt or reject the idea. IMPLEMENTATION occurs when the individual puts an innovation into use. The final stage, CONFIRMATION, results when the person seeks reinforcement of the decision to innovate that has been made. The rate of adoption is a function of the innovation's relative advantage, its compatibility with personal ideology, complexity, trialability, and observability. (6)

The pioneering research done by Coleman, Katz and Menzel (2) in the fifties has been identified as one of the most significant studies in the field of innovation diffusion. They traced physician adoption of "gammaprim", a new pharmaceutical compound. They used scripts (written prescriptions) to identify physicians who had tried the drug within one year of its release and they extensively interviewed those physicians to determine the sources of information that played a part in the decision to use the compound. In addition, they noted the point in time at which each source was used. Manning and Denson (3) traced the adoption of cimetidine approximately two years after its release in the United States. They administered a questionnaire to internists attending courses and telephoned a random sample of internists to identify where they first heard of cimetidine, learned the clinical principles involved, and updated their information on the new compound. Geertsma, Parker, and Whitbourne (4) were the first authors to extend their work beyond that of examining a new pharmaceutical compound. They interviewed extensively physicians and asked them to identify changes instituted in their clinical practice and to describe the process of adoption in terms of a model they had developed. Their data included changes in office procedures, drug use, patient relationships and education, new diagnostic and technical procedures, new diagnostic approaches, new management techniques and new methods of personal education. Lockyer, Parboosinhg, McDougall and Chugh (5) in their interviews with physicians asked them to identify a new drug, a new investigation (laboratory test) and a new

technical procedure they had adopted. For each innovation cited, the physician was asked to identify where they first heard of the innovation, where else they heard of it prior to adoption, what caused them to adopt it and the period of time between first hearing of the innovation and their actual adoption of it into clinical practice.

Table 1 summarizes the data from all four studies with regard to the first source of information for drug changes. With the exception of the work by Coleman et al (2), reading clearly serves as the first source of information. Manning and Denson (3) found that reading was the most important source for updating information and for learning the principles of using the product. An examination of Table 2, taken from the work of Lockyer et al (5) reveals that regardless of the innovation (drug, investigation, or technical procedure), reading is implicated in 70% of all innovation decisions. Continuing medical education courses are involved in 60% of all technical procedures and investigation adoptions, while the pharmaceutical representative plays a role in 60% of all drug adoptions. The same authors verified Rogers' thesis that the simpler the change the faster the adoption. Where 81% of all drugs and 60% of all investigations were adopted in less than one year, only 45% of technical procedures could be adopted in a twelve month period. It was found that the decision to adopt a technical procedure required extensive upgrading of skills (sometimes only available at national and international conferences) or significant outlays of funding for equipment. Assuming the drug had been approved for distribution, the physician could easily write a prescription for the product resulting in very fast adoption patterns. On average, physicians used 3.08 sources of information in making the decision to adopt an innovation.

All four authors (2,3,4,5) concluded that physicians do not make immediate changes but require information from several varied sources over time before adoption will occur. Reading, courses, and input from colleagues will figure prominently in the process regardless of the type of innovation to be adopted.

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TABLE I
FIRST SOURCE OF INFORMATION CITED BY PHYSICIANS*

	<u>Coleman</u>	<u>Manning</u>	<u>Geertsma</u>	<u>Lockyer</u>
Printed Material	33%	52%	50%	34%
Pharmaceutical Rep.	57%	4%	13%	25%
Courses, Lectures, Rounds	3%	25%	13%	23%
Colleagues	7%	12%	19%	11%
Residency Education	-	-	-	2%
Other	-	7%	5%	5%

* See references 2-5 for greater detail

TABLE II
PROBABILITY OF VARIOUS INFORMATION SOURCES
BEING CITED IN ADOPTION OF AN INNOVATION*

	<u>New Drug</u>	<u>New Investigation</u>	<u>New Technical Procedure</u>
Printed Material	77%	71%	76%
CME Course	34%	64%	63%
Discussion with Colleague	32%	43%	41%
Consultation	26.5%	25%	21%
Manufacturer's Representation	60%	5%	19%
Hospital Rounds	15%	23%	13%

* Taken from Lockyer et al(5)

TRENDS IN END-USER SERVICES

W.R. Maes

Medical Library
University of Calgary

The term "end-user" has been used almost exclusively in the context of computerized searching and as such gives the impression of being with us for only a short time. However, if we examine what an end-user is in a more general context, as one who both seeks and uses the information sought, we will quickly see that the concept of end-user is as old as libraries themselves. The only thing of significance that has changed is the means by which the information is sought. The person who comes into the library to consult a journal article, or to look up a term in a medical dictionary, or to find references to a topic in Index Medicus, is as much an end-user as the person using electronic means to accomplish the same tasks. In either case, the intermediary, the reference librarian or library clerk, is bypassed.

Is this, in fact, not what happens most of the time? I have not seen any figures or studies on this, but estimate that less than 15% (and this figure is probably still on the high side) of the library-using public will consult library staff for information on a regular basis. Furthermore, the library itself is rather an exclusive information source catering only to certain segments of the population. Simply consider the clientele of special libraries, medical libraries, academic libraries and even public libraries. A vast proportion of the population searches for and gets information directly from other sources. What is most surprising is that the advent of television seems to have created less hue and cry about job security and decline in library use than the current fuss generated by the very limited services which are provided by bibliographic utilities to end-users.

Before I am accused of missing the point, viz., that end-user services are different because they strike directly at a library's bread and butter, the provision of indexes and journals and monographs, I would like to pursue another line of thought. Could we, in libraries, really continue to survive without online services whether the client uses us as intermediaries or chooses to do the search for him/herself? Our purpose and our history shows that it is our professional duty to make information available to the client, to train the client to use bibliographic searching tools and to find information for themselves.

As the knowledge/information base has expanded we have historically created the methods to cope with it. If we look at the current ballooning information base could we really cope without the services the bibliographic utilities provide? Imagine trying to provide relevant services without the huge files of Index Medicus, Excerpta Medica, Biological Abstracts, etc? Do we really still expect a busy researcher to gather the background information for a research proposal by manually searching through the last 10 years of any of these indexes, or combinations of them? In the academic setting certainly, we would be of little use to our clients without them and the reason for our existence would become very tenuous indeed.

Online services are a natural extension of reference and library services in general which exist in response to the community's need, and our need as librarians, to cope with the new information base; and even with these superb systems, however, we are still not coping all that well. Instead of taking patrons to an index and showing

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them how to use it, we now show them how to use the computer terminal; instead of explaining to the client all the relevant places to search, we now help them to devise a search strategy as a means of tackling the copious and various online files. Online files are another reference tool added to our armamentum to help the client deal with information overload. Even though I have actively promoted end-user searching in our library I have seen little decline in requests for intermediary searching services. Just as we had people asking us to look-up information directly because they neither had the time nor inclination to do it for themselves we will always have that significant percentage of the library public who will ask us to perform searches for them.

Providing bibliographies and full-text articles as some online services do is only part of the service libraries provide. A library is not simply a depository of books and journals, but an information resource comprising a nexus of materials and people who organize, collect, and disseminate that material in a unique way to a unique audience of information users. Online bibliographic services and end-user services are merely part of this information package. In an analogous situation, television collects, organizes and disseminates information in its unique way for its special audience. It is as impossible for libraries to continue to survive without the huge online databases and the systems that distribute them as it would be impossible for these systems to be effective without information providers to teach clients how to use them, to supply the clients with the results of their searches, and to place the results obtained in the wider context of available information. Databases represent only particular aspects of the knowledge/information base and a specific way to gain access to it. The mistake is to assume that these services are taking over a function the library already provides when they are simply supplying a function and resource which the library is incapable of handling by itself. Unless there are some drastic technical changes in the computer telecommunications, and image reproduction fields, the current relationship between bibliographic utilities and libraries will not change dramatically. One trend, then is that neither bibliographic utilities nor libraries will or can afford to forego their happy union.

SYSTEMS

What can we expect to see in future developments in the area of end-user services and what benefits will there be for libraries? If the past is any indication of the future we can expect that online system vendors will seek new markets to the extent that the technology will allow and attempt to expand existing ones. To do both of these things the vendor must increase access and use. It is not sufficient that technology allows an individual from his/her office or home to have access to a database. Because the technology is there it does not mean that it will be used unless the service is accessible in the sense that it does not require the learning of complex search and retrieval strategies, command languages, indexing vocabularies and database structures. Similarly, the service must offer something the consumer or patron wants: particular information in a particular format. There will be a tendency, therefore, for database vendors to simplify the search process. First attempts in this direction are exemplified by such services as BRS After Dark, BRS Colleague and DIALOG's Knowledge Index. These services are targeting new user groups which require simpler systems, largely ones that are menu-driven. These systems, however, are still fairly primitive and are mostly "quick and dirty" modifications of existing command driven systems which librarians and other search intermediaries have been struggling with for some time. They will produce results if searched by the uninitiated but really require, for efficient and effective searching, a very good knowledge of database structures, in many cases, of indexing languages, and an armamentum of limiting and specifying commands, to say nothing of search strategy.

Since the markets remain limited it is questionable how many people need bibliographic information per se and are willing to purchase the equipment to access it? The true developments in the area of system improvements will have to come from such areas as university and government research groups and, yes, even libraries.

An example of this is PaperChase, a program developed at the Beth Israel Hospital to facilitate search of the Medline files by inexperienced end-users. Although far from perfect, PaperChase is a major advance in system friendliness, or helpfulness. By mounting a thesaurus online it guides the searcher to the correct terms used by the indexers of the database creators. It also does not require any special knowledge of such things as Boolean logic but through a menu-driven system alerts the user by means of prompts to the possible options open to him/her. The system is slow and to the experienced searcher can become frustrating to use. It is certainly on the right track, however, in helping the user to search. The system is the intermediary.

We must also abandon our notions that existing search systems, with simple Boolean operators as the most powerful tools for sifting through growing amounts of information, are the final answer. A prototype system called CITE (Current Information Transfer in English) allows natural-language searching with weighted and ranked output, along with feedback on relevance and the ability to modify automatically the search request.

Doszkocs' system, developed in 1979 (1), helps the searcher to refine his search by giving an indication of the importance of an article as determined by weighting and re-inputting to the system what is considered relevant on that basis. One can only guess in what direction Artificial Intelligence will take search techniques in the future, but rest assured that the mechanics of searching will pose little or no obstacle even to the most inexperienced.

The problem of system incompatibility is one that will not, in all likelihood, ever be tackled by online vendors simply because it would not be good marketing strategy. If company A offers all the search features and databases offered by company B there is no reason to choose one over the other. By the same token the systems cannot be so divergent that they would pose an obstacle to someone seriously wishing to make a changeover. (Is this at all reminiscent of the current Coke/Pepsi campaigns? Coke has even gone so far as to make its product resemble more closely that of its competitor). However, the next few years will see second party companies develop more and more software packages to make these inconsistencies transparent. SciMate is the obvious example, albeit a poor one, of what we can expect in the marketplace eventually. CONIT is a much more powerful experimental system which exemplifies the heights system compatibility will undoubtedly achieve. CONIT, a computer interface is ..."a common system into which and from which requests and results are translated automatically as they flow between user and serving system...A user attempting to retrieve information when entering through the access mechanism provided by the common interface, sees a single virtual system in which all the complexities of the different retrieval systems and databases are hidden; only a single, uniform, easy to use system is apparent."(2).

All these systems naturally have drawbacks, not the least of which is growing lack of control over some aspects of the search process. However, they do not represent any more pitfalls than our old card catalogues or paper indexes present to our current users. It is an odd psychological phenomenon how critical we are of these new products and services and their peculiar problems even though they tower like giants over anything we had in place to help users 10 years ago.

DATABASES

In databases themselves we can expect to see great changes largely due again to attempts to expand markets, especially to end-users. We will see more databases tailored to meet the needs of specific groups. Thus, BRS introduced full-text BRS *Colleague* and the AMA unique databases on the GTE/TELENET Medical Information Network. In these databases there is a shift away from providing strictly bibliographic information to information that is directly usable and often only available on computerized files.

The Hepatitis Knowledge Base(3), billed as a "prototype information transfer system", represents the Mercedes Benz of databases aimed at end-user consumption. The Hepatitis Knowledge Base represents the first real attempt to tackle successfully the problem of the information explosion in biomedicine. It may be impressive to speak of databases containing millions of records but the sheer volume of information may be as large an obstacle to accessibility as anything else. In the case of the Hepatitis Knowledge Base, the researchers identified over the past 10 years some 16,000 pertinent publications on Medline. This says nothing of the information available in the other 19,000 titles that Medline does not ever index. Assume you, as a clinician, are looking for the most current and best treatment modalities for this infection. How will you choose among 16,000 articles often containing conflicting information?

The Hepatitis Knowledge Base instead is a database with pre-digested information and represents the best information possible on the subject in accordance with the judgement of a panel of experts. The material is kept current by using the principles of citation indexing, quality filtering review articles and knowledgeable authorities who scan and produce the literature. The problem with the Hepatitis Knowledge Base is that it is very labour intensive. However, the product is far superior to the plethora of databases supplying strictly bibliographic information. One can expect that similar databases will be developed using the principles pioneered in this prototype.

The number of databases which use user input to keep them current will continue to increase. An example is the Protein Data Bank from the Brookhaven National Laboratory. These databases are so specialized that only experts in the field will be able to use them making them truly end-user products.

The increase in end-user services and databases will be fueled by an increase in the attention paid in various disciplines to teaching students how to deal with current information problems. The PacMan generation will feel much more comfortable with these systems than we ever will. In all fields there is a recognition that the knowledge/information base is expanding too quickly for people to learn all the necessary facts. Instead they will be taught how to use the new online systems and to choose the appropriate databases, search strategy, etc. so that they can gain access to the facts on demand. A panel of the Association of American Medical Colleges recommended that medical schools give information science and computer technology a place in the general professional education of the physician. In commenting on the report in an editorial of the CMAJ, Dr. Peter Morgan, scientific editor said "the basic objective in current medical education is portable knowledge. Information is hammered into receptive brains so that it can be carried around above the eyeballs instead of in a book...the information problem is solved by insisting that more information be available more rapidly through external sources--through books and journals as well as electronic data banks" (4).

Some of the implications for libraries with the introduction of end-user services have already been indicated and should be obvious from what has been said. Primary among them is the simplification of access and use. The real benefit of this will not be so

much to those among us who have already mastered the command-driven systems, but to the smaller hospital libraries and physicians' offices which are not staffed by information professionals. With improved end-user services they will have as wide an access to information as many large university libraries do now. When this is coupled with electronic mail which could put them directly in touch with the interlibrary loan facilities of larger centres or with online ordering services no one need suffer from lack of access to information because of geographic location or limited local resources. With newer smarter search systems even the experienced intermediaries will be able to improve the quality and relevance of their search results. Consider merely the enhancements available on Dialog's Version II. Searchers will also be able to switch to unfamiliar databases with reasonable security while using such developments as the Vocabulary Switching System which is "able to translate user requests into useful search queries across target databases with little user intervention." (5).

More databases and better-access systems will allow us to provide a wider variety of information options to our users. As there is an expansion in use - although it is not clear how great that expansion will be before further technological breakthroughs - we can expect decreased costs. With systems such as PaperChase libraries will be able to have tailored databases which reflect their holdings and subject orientation. The library itself may even begin to take part in the database creation process.

Although to this point I have presented a rather positive picture of end-user services and their impact, there are some ominous possibilities as well. As the number of databases and the amount of information offered through online systems increases, the control the library now exercises over this information will lessen considerably, especially if journals and books are published online. Library patrons may have to pay the publisher or the library as agent the cost of producing a print of the material and not merely the cost of photocopying it as they do now. Publishers have always been concerned about copyright infringement and the resulting revenue losses from photocopying and online systems may provide the answer for them. It may well be that access to information will become more and more a question of ability to pay.

Since these online end-user services are commercial ventures it is also possible that some databases, because of maintenance costs and limited market appeal, will suffer the same fate as some of our so-called orphan drugs; will we have orphan databases.

There is also a growing lack of privacy and even cases of censorship that are invading the use of telecommunications services of all kinds. In a recent article in Popular Computing entitled "At Risk: Your Online Freedom", the author states that in the United States (and you can rest assured the problem exists here as well with users of American systems) "the problem is that no jurisdiction has yet been established for telecommunications and no legal precedents set". Under current legislation according to Jonathan Wallace, an attorney dealing in telecommunications matters, services like Compuserve..."(6) are legally entitled to delete private mail or do anything they want without facing criminal charges. At most the company would be guilty of breaching its subscribers agreement" (7). Similarly, if they were so inclined, there is no reason why DIALOG or BRS or any other bibliographic utility could not keep track of a user's search queries violating a trust we have held in libraries for a long time, *viz.*, respecting the privacy of our readers. The old battle libraries have waged against censorship and the maintenance of privacy will probably have to be fought all over again in this new frontier.

In conclusion, we should not look upon end-user services as a threat but as a natural progression based on information needs and the ever-growing information base. Like any change we are offered both opportunities and benefits as well as problems. The new technology, and there will be many new technologies to follow this one, has to be

viewed as a challenge and as an indicator that things have changed and are changing. We too must change. A dictum of existence on this planet is to adapt or perish. No one would wish to revert to a time before the advent of online services or before the advent of the printing press. The challenges and problems at the time of introduction of the latter are not much different than they are now with the introduction of computerized services. We are all the better for these changes.

The library profession is faced with the need to change and adapt and the opportunities have never been greater. The ball is in our court. We know what NLM is going to do about it and what such enterprising firms as ISI, DIALOG, and BRS are doing about it. How are we as individuals going to respond?

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4. Morgan, Peter P. "Information Science and the General Professional Education of the Physician." Canadian Medical Association Journal 131 (Dec. 15, 1984) 1428.
5. Neihoff, Robert. "The Optimization and Use of Automated Subject Switching for Better Retrieval." In Communicating Information: Proceedings of the 43rd ASIS Annual Meeting 17 (1980) 397.
6. McLure, Matthew. "At Risk: Your Online Freedom." Popular Computing. (June 1985) 76.
7. Ibid., 143.

ONLINE DATABASES: OCCUPATIONAL HEALTH AND SAFETY

(Information derived from an address given by Brian Morrison at a general meeting of the Toronto Health Libraries Association on March 25, 1985. The meeting was held at the Canadian Centre for Occupational Health and Safety, Hamilton).

Brian Morrison

Reference Librarian, Occupational Health and Safety
Ontario Ministry of Labour Library

The databases given below contain information on (1) occupational medicine, (2) environmental health, (3) chemical toxicology or (4) industrial hygiene and safety. This list is intended only as a guide for those who do not frequently search the databases in these subject fields and does not purport to be exhaustive. The name of each database is followed by the producer, the vendor(s) and a description of the content.

APTIC (2) U.S. Environmental Protection Agency Dialog File 45 Bibliographic	CIS/ILO (1),(3),(4) International Labour Office CCOHS, Questel, Toxline Bibliographic
BIOSIS (2),(3) Biological Abstracts Dialog Files 5,55,255 Bibliographic	Enviroline (2),(3) Environment Information Center Dialog, ORBIT Bibliographic
CASEarch (1),(2),(3) Chemical Abstracts Service Dialog, ORBIT, etc. Bibliographic	Environmental Health News (1),(2),(3) Occupational Health Services Dialog, ORBIT Bibliographic
Cancerline (1),(2),(3) U.S. National Library of Medicine Medlars Bibliographic	Excerpta Medica (1),(2),(3) Excerpta Medica Dialog Files 72,73,172 Bibliographic
Chemdex/Chemname Chemical Abstracts Service ORBIT, Dialog Chemical Dictionary	Hazardline Occupational Health Services Dialog Files 72,73,172 or BRS Chemical Safety Datasheets
Chemical Exposure (1),(2),(3) U.S. Oak Ridge National Lab Dialog File 138 Bibliographic	HSELine (1),(3),(4) U.K. Health and Safety Executive Euroline, Infoline Bibliographic
Chemline U.S. National Library of Medicine Medlars Chemical Dictionary	INIS (2),(4) International Atomic Energy Agency Euroline, Can/Ole Bibliographic

Laboratory Hazards (1),(3),(4)	Toxicology Databank
Royal Society of Chemistry	U.S. National Library of Medicine
Infoline	Medlars
Bibliographic	Chemical Safety Datasheets
Medline (1),(2),(3)	Telegen (2),(3),(4)
U.S. National Library of Medicine	Environmental Information Center
Medlars	Euroline, Dialog
Bibliographic	Bibliographic
NIOSHSTIC (1),(3),(4)	Toxline (1),(2),(3)
U.S. NIOSH	U.S. National Library of Medicine
CCOHS, Dialog	Medlars
Bibliographic	Bibliographic
Pollution Abstracts, (2),(3)	TSCA
U.S. NIOSH	U.S. Environmental Protection Agency
Dialog File 41	ORBIT
Bibliographic	Chemical Dictionary
RTECS	
U.S. NIOSH	
Medlars	
Chemical Safety Datasheets	

* * * * *

POSITION AVAILABLE

Owen Sound General and Marine Hospital - Health Sciences Librarian

The Owen Sound General and Marine Hospital, a 401 bed community facility, invites applications for a health sciences librarian. Owen Sound, an attractive, small city, is located two hours north of Toronto and offers abundant recreational and cultural activities.

The Health Sciences Librarian is responsible for the administration of the Library including policy formulation, collection development, the budget and the supervision of one Library Technician and volunteer staff. Applicants should have a M.L.S. from an accredited library school, significant administrative experience and a background in the health sciences. MEDLINE experience would also be an asset. Resumes should be submitted to:

Personnel Officer,
 Owen Sound General and Marine Hospital,
 1201 6th Avenue West,
 Owen Sound, Ontario
 N4K 5H3

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Health Science Resource Centre

On June 11, 1985, following the CHLA/ABSC Annual General Meeting, HSRC/CISTI held its first Users' Meeting, the start of a new tradition. The meeting was very well attended considering the late hour.

One question that couldn't be answered at the time concerned the note "No translation located", which sometimes appears on returned, unfilled inter-library loan forms. The question was "How do we interpret that?"

Searches for translations, or locations of translations, are done by the Canadian Index of Scientific Translations, a section of Document Delivery. All indexes held at CISTI are checked, as well as our own collection of translations. Among these are the Translations Register Index of the National Translations Centre in Chicago, the British Library Lending Division Translations and the World Transindex of the International Translations Centre in the Netherlands. Therefore, you can be sure that all major sources where translations may be reported are searched for your request.

One item that was overlooked at the meeting was HSRC's answering machine. On the recommendation of the HSRC Advisory Committee HSRC purchased and installed an answering machine on one of the telephone lines. When there are staff shortages, such as during training sessions, it would be very helpful if you would leave your name and number for HSRC staff who will make a point of getting back to you.

It has often been the case that a call will revert to the answering machine when the other two lines are busy. In such cases, the machine is checked and the call returned as soon as one person is free to do so. However, HSRC has discovered the hard way that the operator will not allow a collect call to go to the answering machine. In such cases please call again.

As a follow-up to the question of the availability of audio-visual materials, your attention is drawn to a product of the National Film Board of Canada called FORMAT. It is a national computerized information system for Canadian-produced audiovisual material. The database contains over 15,000 records on AV productions. For further information write to:

Donald Bidd (D-13)
Manager - FORMAT
National Film Board of Canada
P.O. Box 6100, Station A
Montreal, Quebec H3C 3H5

or consult the following two articles:

Computerized information system operates for A-V materials. Canadian Library Journal 1984 December; p. 323-330.

Dykstra, M. Format: Connecting Canada's Audiovisual Information. The Canadian Journal of Information Science 1984 June; p. 139-148.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Marilyn E. Schafer
Centre bibliographique des sciences de la santé

La première réunion des usagers du CBSS de l'ICIST a eu lieu le 11 juin 1985, après la réunion générale annuelle de la CHLA/ABSC, marquant ainsi le début d'une nouvelle tradition. La participation à cette réunion a été des plus satisfaisante étant donné l'heure tardive.

Une des questions à laquelle je n'ai pu répondre lors de cette réunion concernait la note "aucune traduction signalée" qui apparaît parfois sur les formules de prêt interbibliothèque non remplies qui sont retournées. La question était la suivante: "Comment interpréter cette note?"

Les recherches concernant les traductions et leur localisation sont effectuées par le Répertoire canadien des traductions scientifiques, une section du Service de fourniture de documents. Tous les index conservés à l'ICIST sont vérifiés, de même que notre propre collection de traductions. Parmi ces index on trouve le Translations Register Index du National Translations Centre de Chicago, le British Library Lending Division Translations et le World Transindex du International Translations Centre des Pays-Bas. Vous pouvez donc être assurer que toutes les sources importantes susceptibles de signaler les traductions sont consultées pour répondre à votre demande.

Lors de cette réunion, je n'ai pas abordé la question du répondeur automatique. Sur la recommandation du Comité consultatif du CBSS, nous avons en effet acheté et installé un répondeur automatique. Lorsque tout notre personnel est occupé à répondre aux demandes des clients, il est très commode que vous puissiez laisser votre nom et votre numéro de téléphone afin que nous vous rappelions dès que possible. Nous nous efforçons toujours de le faire dans les délais les plus brefs.

Il arrive souvent qu'un appel soit acheminé au répondeur automatique lorsque les deux lignes téléphoniques sont occupées. Dans de tels cas, nous vérifions et rappelons l'interlocuteur aussitôt qu'un membre du personnel est en mesure de le faire. Nous avons également découvert que le téléphoniste ne peut autoriser l'acheminement d'un appel à frais virés sur le répondeur automatique et que, dans ce cas, vous devez appeler de nouveau.

Pour faire suite à la question de la disponibilité du matériel audio-visuel, j'aimerais attirer votre attention sur un produit de l'Office national du film du Canada appelé FORMAT. Ce système documentaire national automatisé renferme plus de 15 000 références de documents audio-visuels produits au Canada. Pour de plus amples informations, adressez-vous à:

Donald Bidd (D-13)
Directeur - FORMAT
Office national du film du Canada
B.P. 6100, Station A
Montréal (Québec) H3C 3H5

ou consulter les deux articles suivants:

Computerized information system operates for A-V materials. Canadian Library Journal 1984 December; p. 323-330.

Dykstra, M. FORMAT: Connecting Canada's Audiovisual Information. La Revue canadienne des sciences de l'information 1984 Juin; p. 139-148.

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UPCOMING MEETINGS

1986 CHLA/ABSC ANNUAL MEETING

The 10th CHLA/ABSC Annual Meeting is to be held in Montreal at the Holiday Inn, Sherbrooke Street. Hanna Waluzyniec of McGill Medical Library, and newly appointed to the Board, is the Conference Chair. The theme of the meeting is to be In Pursuit of Excellence and CHLA/ABSC members who are interested in rising to the occasion are invited to discuss possible papers with Program Committee members Berti LeSieur of McGill Medical Library and Bonnie Stableford.

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43RD CONFERENCE AND CONGRESS OF THE INTERNATIONAL FEDERATION FOR DOCUMENTATION (FID)

September 14-18, 1986

The chosen theme for this conference is information, communications and technology transfer. Further information about this conference may be obtained from the Local Organizing Committee, 43rd FID Conference and Congress, C.P. 1144, Succursale Place Desjardins, Montreal, Quebec H5B 1B3.

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THIRD BIENNIAL SYMPOSIUM ON INFORMATION IN THE HEALTH SCIENCES

Sponsored by the Dr. George S. Williamson Health Sciences Library, Ottawa Civic Hospital

Wednesday October 2, 1985

The purpose of this symposium is to inform health care personnel about developments and trends in information management and services in health sciences centres and libraries. For further information please contact Miss. M. Brown, Director of Library Services, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa K1Y 4E9 or telephone (613) 725-4459.

CANADIAN HEALTH LIBRARIES ASSOCIATION
ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

INTERIM FINANCIAL STATEMENTS
JUNE 1, 1984 - MAY 31, 1985

Opening Balance at June 1, 1984	\$29,417.20
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REVENUE

Membership 1984-85	\$ 9,563.55
Membership 1985-86	3,758.26
Conference 1984	11,073.11
Sales & Advertising	254.83
Interest (1)	2,304.85
	26,954.60

Total Funds Available	56,371.80
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EXPENDITURES

Publication & Printing (2)	\$ 6,984.30
Travel (3)	3,686.43
MLA Conference (4)	300.00
Telephone & Postage	347.00
Translation	766.35
Conference 1985	2,000.00
Auditor's Fee	150.00
Bank Charges	9.40
Continuing Education Comm.	53.25
CIDA Grant (5)	20,000.00
Sundry	60.00
	34,357.29

Closing Balance at May 31, 1985	\$22,014.51
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STATEMENT OF ASSETS AT MAY 31, 1985

Bank - Savings	5,187.46
Chequing	651.09
Term Deposits	16,175.96
	\$22,014.51

NOTES:

- (1) Interest from Savings Account and Term Deposits.
- (2) Printing and distribution of BMC Vol. 6 #1-5; partial typesetting and printing of Canhealth; Membership list.
- (3) Travel expenses for the fall and winter CHLA Board meetings.
- (4) To defray some expenses of the MLA Liaison to attend the Medical Library Association Conference on behalf of CHLA.
- (5) Fifth International Congress on Medical Librarianship.

WINDSOR AREA HEALTH LIBRARIANS ASSOCIATION (WAHLA)

O.H.

**Patricia Black
President**

WAHLA continues to add new members from the Sarnia, Chatham, and Leamington areas and now has 17 members. In addition to hospital libraries, the group also has representatives from the University of Windsor, St. Clair College, and the Windsor Health Unit.

The Meeting schedule remains the same: quarterly meetings for the full membership and core meetings (Windsor hospital librarians only) when necessary.

Conferences attended: WAHLA members attended all of the Metropolitan Detroit Medical Library Group meetings, and one of our members continues to sit on their inter-library loan committee. Chatham members attended the meetings of the London Area Group. Two members of WAHLA will attend the Medical Library Association's World Conference in Japan in October.

The first microfiche copies of the serials list for the Southeastern Michigan Union List Group were distributed in March. This sub-group of the statewide OCLC serials list is a locating tool for health sciences libraries in southeastern Michigan. WAHLA members who have purchased this microfiche and signed the inter-library loan agreement with MDMLG have access to free photocopies from member libraries. WAHLA members would like input from Ontario health sciences librarians who would be interested in developing a similar journal locating tool with a view to providing free photocopies to participating libraries. Please contact Mrs. Patricia Black, Medical Library, Metropolitan General Hospital, Windsor, Ontario N8W 1L9.

Quality Assurance has been our main educational topic during the past year. We had a presentation at the December meeting and a major workshop for the March meeting.

Hotel Dieu and Metropolitan Libraries continue to use MEDLINE or BRS; Grace Hospital will be online within a few months. Heavy computer use results in increased inter-library loan requests and is another reason WAHLA supports the idea of a reciprocal Inter-Library Loan Agreement.

Elections were held at the May meeting. Mrs. Toni Janik was elected President and Mrs. Anna Henshaw will be Secretary.

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O.H.A. REGION 8 LIBRARIANS' ASSOCIATION

Penny Levi
President

I am delighted to report for the very first time on behalf of the Kingston Chapters. First, let me explain our name: O.H.A. Region 8 Librarians' Association. In the spring of 1984, our Association was granted Standing Committee Status by the Ontario Hospital Association in the Region to which Kingston belongs, Region 8; hence our name! The second exciting event in 1984 was our welcome as a Chapter of CHLA/ABSC in November. These are both new affiliations for our group which has actually been working together for some time, meeting three times annually: in the fall, winter and spring/summer.

Summary of Activities

Since 1981, hospital, university and community college libraries in the Kingston area have contributed to, and updated, a union list of health sciences serials called, "Title Guide to Serials". This computerized Guide is produced and printed annually, courtesy of the St. Lawrence Community College Library. It is available for purchase for \$50.00. During this same period, computerized literature searches have become available for Kingston area physicians, nurses, and other health care professionals from the Bracken Health Sciences Library at Queen's University and, more recently, from the Library at the Hotel Dieu Hospital.

In the summer of 1982, a preliminary survey of audiovisual holdings in the Kingston area was also conducted. A grant was obtained from Summer Works by the Kingston General Hospital to carry out this survey, in conjunction with a study of geriatric print material in the district. Six students were hired and worked very hard, accomplishing a great deal, but unfortunately most of them were not trained in library science. Nevertheless, as preliminary lists of the material were made available, the draft catalogues are quite useful. In September 1983, the hospital libraries in the Kingston area had the opportunity to participate in "Care Day" at Queen's University, with displays and films about seniors, which brought geriatrics and audiovisuals together.

Finally, in September 1984, the Association presented its first Annual Report of activities to the Ontario Hospital Association Region 8 Annual Meeting at Olympic Harbour in Kingston. This was the culmination of a long quest. The OHA has not always provided a place for hospital librarians in its regional activities, and it was very gratifying to be recognized as a Standing Committee with an active role in the Region.

Now the Association looks forward to expanding its horizons still further through contacts with CHLA/ABSC and its Chapters across Canada. 1985 is only the beginning!

The new executive is as follows:

President

Gwen Wright
Health Sciences Librarian
Bracken Library
Queen's University
Botterell Hall, Stuart Street
Kingston, Ontario
K7L 3N6
(613) 547-5754

Vice-President/President Elect

Jane Law
Kingston General Hospital
76 Stuart Street
Kingston, Ontario
K7L 2V7
(613) 548-3232

Secretary-Treasurer

Vivian Ludwin
Bracken Library, Queen's University
Botterell Hall, Stuart Street
Kingston, Ontario
K7L 3N6
(613) 547-5754

* * * * *

MANITOBA HEALTH LIBRARIES ASSOCIATION

1985/86 EXECUTIVE

President

Ada Ducas
Science Library
University of Manitoba
WINNIPEG, Manitoba
R3E 2N2
(204) 474-8171

Home: 501 Waterloo St.
WINNIPEG
(204) 452-7491

Vice-President/President Elect

Doris Pritchard
Neilson Dental Library
University of Manitoba
780 Bannatyne Avenue
WINNIPEG, Manitoba
R3E 0W3
(204) 786-3635

Secretary

Edith Konoplenko
Library
Concordia General Hospital
1095 Concordia Avenue
WINNIPEG, Manitoba
R2K 3S8
(204) 667-1560 (ext. 163)

Treasurer

Helene Proteau
Extension Librarian
Medical Library
University of Manitoba
770 Bannatyne Avenue
WINNIPEG, Manitoba
R3E 0W3
(204) 786-4342

TORONTO HEALTH LIBRARIES ASSOCIATION

1985/6 EXECUTIVEPresident

Bev Brown
Library
Canadian Memorial Chiropractic
College,
1900 Bayview Avenue
Toronto, Ontario
M4G 3E6
(416) 482-2340

Vice-President/President Elect

Catherine Pepper
Health Information Resource Centre
Toronto Department of Public
Health,
7th Floor East Tower
Toronto City Hall
Toronto, Ontario
M5H 2N2
(416) 947-7450

Secretary

Lynda Baker
Health Sciences Library
McMaster University
1200 Main Street West
Hamilton, Ontario
L8N 3Z5

Treasurer

Catherine Weisenberger
435 Roehampton Avenue
Toronto, Ontario
M4P 1S3

* * * * *

NEW PUBLICATIONS

Publications Section,
CISTI, NRC Canada,
Ottawa, L1A 0S2

Scientific and Technical Societies of Canada, 1984 edition, NRCC 24088
\$12.00 ea

The Secretary,
Interdepartmental Committee on Toxic Chemicals,
Priority Issues Directorate, Environment Canada,
Nunavik, Quebec
K1A 1C8

Dioxins in Canada: The Federal Approach.

EDUCATION COMMITTEE

Margaret Taylor
Chair

Membership

Members for the 1984-85 were: Margaret Taylor, Ottawa (Chairman); Mary Conchelos, Toronto (Needs Analysis Project Officer); William Maes, Calgary (Conference CE Committee Chairman); Michael Tennenhouse, Winnipeg; Sylvia Katzer, London; Margo Hawley, Ottawa; Marilyn Schafer, Ottawa; Linda Solomon Shiff, Ottawa; and Anita Laycock, Halifax.

Three members finished their terms of office on June 30, 1985. They are: Margaret Taylor, Mary Conchelos and Linda Solomon Shiff. At least two new members must be recruited and an advertisement has been placed in BMC. A Conference CE Chairman is needed for 1986 and a name has been submitted to the incoming President, Diana Kent. The Chairman of the Education Committee must also be found and two names from the continuing committee members have been submitted to Diana Kent.

Meetings

The Education Committee is dispersed across Canada and thus it has been impossible for the entire membership to meet. However, the Ottawa members have managed to meet four times. In addition, Mrs. Taylor has been able to meet with Mary Conchelos in Toronto on several occasions and has also been in constant telephone communication with William Maes. The other members have received minutes of meetings and copies of all reports and correspondence.

Activities1. Conference Continuing Education Courses

William Maes, Conference CE Committee Chairman, has done an excellent job arranging the continuing education offerings at Calgary this year. These courses include:

CE 8 Managing to Save Time: This course focused on time management and was therefore, of value to all library personnel. Participants learned to set priorities and focus on essential versus non-essential work; to plan and organize work to get maximum use of the work day; to identify and minimize the impact of "time-wasters" and to use a day-timer for planning and recording their work. The instructor was Dr. Robert A. Schulz from the Faculty of Management at the University of Calgary. This course has been awarded 6.6 CEU's from the Medical Library Association.

CE 9 Reference Services for Small Medical Libraries: This course was developed by Mrs. W.A. Flower, a health library consultant from Kingston, who is also a long-standing member of CHLA, a former President of our association and a certified CE instructor. The course covered the basic reference tools that should be in all small health libraries and other reference services that these libraries can use on behalf of their clientele. CEU's are being sought for this course and an announcement will appear in BMC when they have been awarded by MLA.

Advanced MEDLINE: This short course (1/2 day) was given by CISTI staff. It helped MEDLINE searchers with advanced search strategies.

With regard to the second point, both Diana Kent and Margaret Taylor have written to the Director of Education for MLA, Dr. Kent Mayfield, to request clarification of the coverage of the Bi-lateral Agreement with respect to continuing education initiatives. The relatives seem to indicate that the automatic aspect to continue education activities extends only to courses developed by CHLA/ABSC, and not to those developed by an independent consultant, for example, with whom CHLA/ABSC enters into contract". Using

of all Canadian MLA members who have been certified so that she can cross-check this with the survey results.

With regard to the first point, the needs analysis part of the membership survey should provide some answers. Mrs. Taylor has also requested that MLA provide her with a first

3. What is the future of the MLA certification program?

2. Do the terms of the Bi-lateral Agreement between MLA and CHLA provide for

1. How many CHLA members have or want MLA certification and do they want MLA credits for CHLA courses?

The Education Committee has spent a lot of time this year discussing several issues regarding MLA certification:

4. MLA Certification

May Conchellos, one of our Education Committee members, and Carol Morrison, one of our CHLA Board members, have been working on a combined membership survey and continuing education needs analysis. Various versions of this survey were prepared and forwarded to the Education Committee and the Board for comments and a final draft was forwarded to the Education Committee for distribution this summer. The needs of the survey should be ready for distribution this summer. CHLA members want MLA certification for CHLA courses, what types of courses or activities does CHLA membership most wants and needs, and what types of topics would be most suitable.

3. CHLA Needs Assessment and Membership Survey

Both the Dialog and CISTI courses are automatically certified by MLA for CEU credit. It was intended as a complement to the other short course in that it covers advanced medical literature searching. It was discussed by telephone the possibility of asking a Master of Library Science student to work on a project for academic credit under the University of Western Ontario, have been discussing the possibility of asking

2. Health Statistics Course

Both the Dialog and CISTI courses are automatically certified by MLA for CEU credit. It was intended as a complement to the other short course in that it covers advanced medical literature searching: A 1/2 day course which was offered by Dialog advanced medical literature searching strategies for the Excerpta Medica database databases available on Dialog.

It was intended as a complement to the other short course in that it covers staff. It was intended as a complement to the other short course in that it covers advanced search strategies for the Excerpta Medica database and other health databases available on Dialog.

these guidelines, Mrs. Taylor applied for and obtained approval for CE8 and is still waiting to hear about approval for CE9 for which she requested automatic approval as it is being developed by a CHLA member.

Mrs. Taylor, Mrs. Kent and Mr. Crawford met with Dr. Mayfield at the MLA Annual Meeting in New York in May to discuss the procedures and policies regarding MLA approval of CHLA courses.

With regard to the third point, further complications in the certification process for CHLA courses have arisen as a result of the comment by MLA President, Phyllis Mirsky, in the January issue of BMLA: "MLA cannot sustain the present costs of the certification and recertification in the face of declining demand". It is hoped that the meeting between Dr. Mayfield and the CHLA members will produce more information about the future of the MLA certification program.

Future Projects

The 1985-86 Education Committee faces a very busy year:

1. interpreting the results of the needs analysis and implementing programs to meet these needs
2. dealing with the uncertainty of the MLA certification issue
3. finding instructors and course developers for future CHLA meetings including CHLA '86 in Montreal.

I wish all the continuing Education Committee members good luck in their endeavours and I want to thank all my 1984-85 members for their advice and support this year. A special thank you is due to Mary and Bill who worked so hard on their own projects.

* * * * *

REPORT OF THE MEMBERSHIP COMMITTEE

Linda Harvey
Chairperson

There are now 367 CHLA/ABSC members, covering all 10 provinces and the Northwest Territories. As well there are members from the United States, Australia, Ireland and Switzerland. Hospital libraries account for 164 members, universities/colleges for 84, 27 members are from various institutions, 24 from government, 14 from pharmaceutical companies, with the remaining 54 members being students, retirees, consultants, etc.

Membership application forms and the new brochures were mailed to all chapter presidents, all Canadian MEDLARS centres and to those in Canadian institutions listed in the MLA Directory who were not already CHLA/ABSC members. Membership information was also sent to Canadian library schools and to selected libraries from the CISTI directory, Health Science Information in Canada - Libraries. Members will be urged to renew for 1985/86 as soon as possible to help decrease the cost of mailing renewal notices.

REPORT OF THE NOMINATIONS & ELECTIONS COMMITTEE, 1985

Barbara Greeniaus
Past President, CHLA

At the October meeting of the Executive in Montreal, Chapter Presidents and Board Members were encouraged to gather nominations for the 1985/86 election.

These efforts were successful and a slate of eight candidates was produced in early February.

Biographical sketches of the candidates and ballots were mailed to the membership during the last week of March.

The election closed on May 1, 1985. Two hundred and four (204) ballots had been received by that date. One ballot was spoiled.

Dorothy Fitzgerald (Hamilton, Ont.) was elected as Vice-President (President-Elect). Hanna Waluzyniec (Montreal, P.Q.) was elected to a three year term on the Board of Directors. Bonita Stableford (Ottawa, Ont.) and Bill Maes (Calgary, Alta.) were elected to the Board for two year terms.

This past election was managed without a formal committee because of the great cooperation of the membership at large. In the future, the Board may decide that it is advisable to use a more rigid electoral structure.

Because this election was extraordinarily close, the chair solicited outside assistance in tabulating and verifying the returns. This may or may not be deemed to be an appropriate procedure to follow in future elections and the Board may choose to address the issue of protocol in auditing returns before the 1986/87 election.

The Chair gratefully acknowledges those members who agreed to stand for election and those members who secured their nominations.

IN MEMORIAM: PHEBE MCLEA PROWSE 1904-1985

Grace Hamlyn

**Formerly Chief Medical Librarian
McGill University 1956-1963 and
Librarian Montreal Chest Hospital 1965-1980**

Phebe Prowse, a pioneer hospital medical librarian in Canada, died in February 1985 in Guelph, Ontario. The funeral service was held in Montreal, with burial in St. John's Newfoundland.

Born in Newfoundland, Phebe obtained her education on the mainland, graduating from the McGill School of Physical Education in 1924, from Sir George Williams College in 1942 (Bachelor of Arts), and from McGill University in 1946 (Bachelor of Library Science). She taught physical education and later worked as a volunteer organizer of the Town of Mount Royal Public Library but it was not until joining the staff of the Montreal Children's Hospital (MCH) that Phebe found her life's work as a hospital medical librarian. During the 19 years she was in charge of the medical library at MCH she acted also as a consultant in the setting up and management of at least three other hospital libraries.

Phebe was MCH's first professional librarian and established services and collections for which she gained significant recognition from doctors and fellow librarians. In her survey entitled Library Support of Medical Education and Research in Canada (1964), Beatrice B. Simon expressed the opinion that MCH's library services were second to none. MCH administered collections in twenty-six branch libraries, and was therefore among the first, if not the first, to have bibliographic control in its main library. Phebe was very effective in obtaining recognition of the library's vital role in patient care, education and research and her devotion to her work went far beyond the call of duty. Dr. Jessie Boyd Scriver noted in her book, The Montreal Children's Hospital, Years of Growth (1979), that those who were Phebe's colleagues admired her thoroughness and were not infrequently overwhelmed by her tenacity.

Pendant quelques années elle était co-présidente du Comité conjoint des bibliothèques médicales de la Province de Québec, (Association des bibliothécaires du Québec, QLA; l'association maintenant appelée ASTED; Montreal Chapter of the Special Libraries Association). Il y eurent plusieus réunions concernant les besoins des bibliothèques médicales ainsi que l'appui indispensable des autorités et la nécessité de personnel professionnel. On peut croire que le rapport du Comité était utile au Ministère des Affaires sociales.

It was hard for Phebe to retire from MCH and she continued to keep abreast of library affairs before moving to Guelph where she finally settled to be close to relatives. The friends and relations from across Canada who gathered at the Chapel of the Church of St. Andrew and St. Paul remembered her with great affection. I think that she would have been glad to have us there.

PEOPLE ON THE MOVE

Irene Cameron has recently been appointed librarian at the new Salvation Army Scarborough Grace General Hospital. Until July 1985 Ms. Cameron was working in the library at the Baycrest Centre for Geriatric Care where she replaced Nancy Budd who was on maternity leave.

After working part-time for four years as Reference Librarian at Sunnybrook Medical Centre **Sandra Gold** is soon to take up the full-time position of librarian at the Fire Marshall's Office, Government of Ontario in Toronto.

Deidre Green will assume the position of librarian at the new Credit Valley Hospital, Mississauga in September 1985. The hospital, which is located at 2200 Eglinton Avenue West, Mississauga Ontario L5M 2N1, will open its doors to patients during October or November. Ms. Green is currently Staff Librarian at the Queen Elizabeth Hospital, Toronto where she has been employed since establishing that library nine years ago.

Barbara Greeniaus recently left the health arena and the position of Director of Library Services & Educational Resources at the Health Sciences Centre in Winnipeg to become Director of Public Library Services for Manitoba. Barbara has made innumerable contributions to the health library field, not least of which was her term as President of CHLA during 1983-4, and her presence will be greatly missed by CHLA members.

The Bloorview Children's Hospital in Toronto has just hired its first librarian, **Deborah Lambert** who has previously worked in the reference department of the Science and Medicine Library at the University of Toronto and the Medical Library of the Royal Victoria Hospital in Montreal.

At the end of June **Jackie MacDonald** left the Kellogg Library of Dalhousie University and indeed the field of health sciences librarianship. She will, therefore, be missed by the **BMC** editors for her contributions to the News and Notes section. Jackie has taken up the position of Science Librarian at Acadia University.

On July 26, 1985 the Ontario Medical Association moved to new quarters at Suite 600, 250 Bloor Street East, Toronto Ontario, M4W 1E6, taking its frazzled library staff with it. The telephone number remains (416) 963-9383.

BUREAU DE DIRECTION DE L'ABSC/CHLA BOARD OF DIRECTORS

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Library Services Division
Health Protection Branch
Sir. F.G. Banting Building
Health and Welfare Canada
Ottawa, Ontario, K1A 0L2
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3655 Drummond Street
Montreal, P.Q., H3G 1Y6
Tel: 514-392-4341

WILLIAM MAES, Treasurer
Medical Library
University of Calgary
Calgary, Alberta, T2N 4N1
Tel: 403-284-5110

JAN GREENWOOD, Assistant Editor BMC
Ontario Medical Association
250 Bloor St. E., Suite 600
Toronto, Ontario,
Tel: 416-963-9383

CORRESPONDANTS DE BMC/BMC CORRESPONDENTS

PATTI-REAY STAHL
St. Paul's Hospital
1081 Burrard Street
Vancouver, British Columbia
B6Z 1X6

MARY BOITE
Registered Nurses Association
of Ontario
33 Price Street
Toronto, Ontario
M4W 1Z2

WILLIAM OWEN
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia
B3H 4H7

NATALIA POHERECKY
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0W3

or BMC

ary

Mc